

MEDICARE SUPPLEMENT INSURANCE POLICY CHECK - LIST
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After reading this guide, you may find this checklist useful in assessing the benefits provided by a Medigap policy or in comparing policies.

WORKSHEET 1: Information about companies selling Medicare supplement insurance

Company selling Medicare Supplement policy "1"

Name of insurance company_____

Company address_____

Phone number_____Toll-free number_____

Is this company licensed to do business in your state of residence ____yes ____no

Name of agent (if applicable)_____Phone number_____

Address_____

Company ratings	Name of rating agency_____	Rating_____
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	Name of rating agency_____	Rating_____
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Company selling Medicare Supplement policy "2"

Name of insurance Company_____

Company address_____

Phone number_____Toll-free number_____

Is this company licensed to do business in your state of residence ____yes ____no

Name of agent (if applicable)_____Phone number_____

Address_____

Company ratings	Name of rating agency_____	Rating_____
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	Name of rating agency_____	Rating_____
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Company selling Medicare Supplement policy "3"

Name of insurance Company_____

Company address_____

Phone number_____Toll-free number_____

Is this company licensed to do business in your state of residence ____yes ____no

Name of agent (if applicable)_____Phone number_____

Address_____

Company ratings	Name of rating agency_____	Rating_____
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	Name of rating agency_____	Rating_____
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WORKSHEET 2: Information about Medicare Supplement policies

	POLICY 1		POLICY 2		POLICY 3	
Does the policy cover:	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
Medicare Part A hospital deductible?	___	___	___	___	___	___
Medicare Part A hospital daily coinsurance?	___	___	___	___	___	___
Hospital care beyond Medicare's 150-day limit?	___	___	___	___	___	___
Skilled nursing facility (SNF) daily coinsurance?	___	___	___	___	___	___
SNF care beyond Medicare's limits?	___	___	___	___	___	___
Medicare Part B annual deductible?	___	___	___	___	___	___
Medicare Part B coinsurance?	___	___	___	___	___	___
Physician & supplier charges in excess of Medicare's approved amounts?	___	___	___	___	___	___
Medicare blood deductibles?	___	___	___	___	___	___
Prescription drugs?	___	___	___	___	___	___

OTHER POLICY CONSIDERATIONS

Can the company cancel or non-renew the policy?	___	___	___	___	___	___
What are the policy limits for covered services?	_____		_____		_____	
How much is the annual premium?	_____		_____		_____	
How often can the company raise the premium?	_____		_____		_____	
How long before existing health problems are covered?	_____		_____		_____	
Does the policy have a waiting period before any benefits will be paid?	___	___	___	___	___	___
How Long?	_____		_____		_____	